

WC Docket Nos-10-90,
11-42

Received & Inspected

OCT 23 2013

DOCKET FILE COPY ORIGINAL

FCC Mail Room

Page 1

FCC Form 481 - Carrier Annual Reporting Data Collection Form	FCC Form 481 OMB Control No. 3050-0066/DMS Control No. 3050-0619 July 2013
---	--

<010> Study Area Code	310735
<015> Study Area Name	WESTPHALIA TEL CO
<020> Program Year	2014
<030> Contact Name: Person USAC should contact with questions about this data	Tina Wieber
<035> Contact Telephone Number: Number of the person identified in data line <030>	9895875008
<039> Contact Email Address: Email of the person identified in data line <030>	tina.wieber@4wbi.net

ANNUAL REPORTING FOR ALL CARRIERS	SA 913 Completion Required	SA 422 Completion Required
-----------------------------------	----------------------------------	----------------------------------

<100> Service Quality Improvement Reporting	(complete attached worksheet)	(check box when complete)
<200> Outage Reporting (voice)	(complete attached worksheet)	
<210> <input checked="" type="checkbox"/> <-- check box if no outages to report		
<300> Unfulfilled Service Requests (voice)		
<310> Detail on Attempts (voice)	(attach descriptive document)	
<320> Unfulfilled Service Requests (broadband)		
<330> Detail on Attempts (broadband)	(attach descriptive document)	
<400> Number of Complaints per 1,000 customers (voice)		
<410> Fixed	0.0	
<420> Mobile	0.0	
<430> Number of Complaints per 1,000 customers (broadband)		
<440> Fixed	0.0	
<450> Mobile	0.0	
<500> Service Quality Standards & Consumer Protection Rules Compliance	(check to indicate certification)	
<510> 310735m1510	(attached descriptive document)	
<600> Functionality in Emergency Situations	(check to indicate certification)	
<610> 310735m1610	(attached descriptive document)	
<700> Company Price Offerings (voice)	(complete attached worksheet)	
<710> Company Price Offerings (broadband)	(complete attached worksheet)	
<800> Operating Companies and Affiliates	(complete attached worksheet)	
<900> Tribal Land Offerings (Y/N)?	(if yes, complete attached worksheet)	
<1000> Voice Services Rate Comparability	(check to indicate certification)	
<1010>	(attach descriptive document)	
<1100> Terrestrial Backhaul (Y/N)?	(if not, check to indicate certification)	
<1110>	(complete attached worksheet)	
<1200> Terms and Condition for Lifeline Customers	(complete attached worksheet)	

Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

<2000>	(check to indicate certification)	
<2005>	(complete attached worksheet)	

Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet

<3000>	(check to indicate certification)	
<3005>	(complete attached worksheet)	

No. of Copies rec'd
List ABCDE

0+3

**(100) Service Quality Improvement Reporting
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	310735
<015>	Study Area Name	WESTPHALIA TEL CO
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Tina Wieber
<035>	Contact Telephone Number - Number of person identified in data line <030>	9895875008
<039>	Contact Email Address - Email Address of person identified in data line <030>	tina.wieber@twbi.net
<110>	Has your company received its ETC certification from the FCC?	(yes / no) <input type="radio"/> <input checked="" type="radio"/>
<111>	If your answer to Line <110> is yes, do you have an existing § 54.202(a) "5 year plan" filed with the FCC?	(yes / no) <input type="radio"/> <input type="radio"/>

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

- <112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

Name of Attached Document (.pdf)

Please check these boxes below to confirm that the attached PDF, on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

- <113> Maps detailing progress towards meeting plan targets
 <114> Report how much universal service (USF) support was received
 <115> How (USF) was used to improve service quality
 <116> How (USF) was used to improve service coverage
 <117> How (USF) was used to improve service capacity
 <118> Provide an explanation of network improvement targets not met in the prior calendar year.

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

<010>	Study Area Code	310735
<015>	Study Area Name	WESTPHALIA TEL CO
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Tina Wieber
<035>	Contact Telephone Number - Number of person identified in data line <030>	9895875008
<039>	Contact Email Address - Email Address of person identified in data line <030>	tina.wieber@twbi.net

[illegible]

<701>	Residential Local Service Charge Effective Date	1/1/2013
<702>	Single State-wide Residential Local Service Charge	

[illegible]

<010>	Study Area Code	310735
<015>	Study Area Name	WESTPHALIA TEL CO
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Tina Wieber
<035>	Contact Telephone Number - Number of person identified in data line <030>	9895875008
<039>	Contact Email Address - Email Address of person identified in data line <030>	tina.wieber@wbi.net

[illegible]

<010>	Study Area Code	310735
<015>	Study Area Name	WESTPHALIA TEL CO
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Tina Wieber
<035>	Contact Telephone Number - Number of person identified in data line <030>	9895875008
<039>	Contact Email Address - Email Address of person identified in data line <030>	tina.wieber@wbi.net
<810>	Reporting Carrier	Westphalia Telephone Co
<811>	Holding Company	Clinton County Telephone Co
<812>	Operating Company	N/A

[illegible]

(900) Tribal Lands Reporting Data Collection Form	FCC Form 484 OMB Control No. 3060-0586/OMB Control No. 3060-0839 July 2013
--	--

<010> Study Area Code	310735
<015> Study Area Name	WESTPHALIA TEL CO
<020> Program Year	2014
<030> Contact Name - Person USAC should contact regarding this data	Tina Wieber
<035> Contact Telephone Number - Number of person identified in data line <030>	9895875008
<039> Contact Email Address - Email Address of person identified in data line <030>	tina.wieber@twbi.net

<910> Tribal Land(s) on which ETC Serves

<920> Tribal Government Engagement Obligation

Name of Attached Document (.pdf)

If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions;
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

Select (Yes, No, NA)

(1100) No Terrestrial Backhaul Reporting
Data Collection Form

FCC Form 481

OMB Control No. 3060-0386/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	310735
<015>	Study Area Name	WESTPHALIA TEL CO
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Tina Wieber
<035>	Contact Telephone Number - Number of person identified in data line <030>	9895875008
<039>	Contact Email Address - Email Address of person identified in data line <030>	tina.wieber@twbi.net

Please check this box to confirm no terrestrial backhaul
<1120> options exist within the supported area pursuant to § 54.313(G)

☐

Please check this box to confirm the reporting carrier offers
<1130> broadband service of at least 1 Mbps downstream and 256 kbps
upstream within the supported area pursuant to § 54.313(G)

☐

(1200) Terms and Condition for Lifeline Customers
Lifeline
Data Collection Form

ECF Form 481
 OMB Control No. 3060-0988/OMB Control No. 3060-0849
 July 2013

<010>	Study Area Code	310735
<015>	Study Area Name	WESTPHALIA TEL CO
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Tina Wieber
<035>	Contact Telephone Number - Number of person identified in data line <030>	9895875008
<039>	Contact Email Address - Email Address of person identified in data line <030>	tina.wieber@twbi.net

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

Name of attached document (.pdf)

<1220> Link to Public Website

HTTP http://www.telecommich.org/Documents/WTC-1-complete_April_2012.pdf

"Please check these boxes below to confirm that the attached PDF, on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

- <1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, ☐
- <1222> Details on the number of minutes provided as part of the plan, ☐
- <1223> Additional charges for toll calls, and rates for each such plan. ☐

(2000) Price Cap Carrier Additional Documentation		FCC Form 481
Data Collection Form		OMB Control No. 1050-0466/OMB Control No. 3050-0015
<i>Including Rate of Return Carriers affiliated with Price Cap Local Exchange Carriers</i>		July 2013

<010>	Study Area Code	310735
<015>	Study Area Name	WESTPHALIA TEL CO
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Tina Wieber
<035>	Contact Telephone Number - Number of person identified in data line <030>	9895875008
<039>	Contact Email Address - Email Address of person identified in data line <030>	tina.wieber@4wbi.net

CHECK the boxes below to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e) the information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting		
<2010>	2nd Year Certification (47 CFR § 54.313(b)(1))	<input type="checkbox"/>
<2011>	3rd Year Certification (47 CFR § 54.313(b)(2))	<input type="checkbox"/>
Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a))		
<2012>	2013 Frozen Support Certification	<input type="checkbox"/>
<2013>	2014 Frozen Support Certification	<input type="checkbox"/>
<2014>	2015 Frozen Support Certification	<input type="checkbox"/>
<2015>	2016 and future Frozen Support Certification	<input type="checkbox"/>
Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(d))		
<2016>	Certification Support Used to Build Broadband	<input type="checkbox"/>
Connect America Phase II Reporting (47 CFR § 54.313(e))		
<2017>	3rd year Broadband Service Certification	<input type="checkbox"/>
<2018>	5th year Broadband Service Certification	<input type="checkbox"/>
<2019>	Interim Progress Certification	<input type="checkbox"/>
<2020>	Please check the box to confirm that the attached PDF, on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.	<input type="checkbox"/>
<2021>	Interim Progress Community Anchor Institutions	

Name of Attached Document Listing Required Information _____

3000) Basic CR Bureau Carrier Additional Documentation Data Collection Form		FCC Form 481 OMB Control No. 3000-0005 / OMB Control No. 3000-0019 July 2013
---	--	--

<010>	Study Area Code	310735
<015>	Study Area Name	WESTPHALIA TEL CO
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Tina Wieber
<035>	Contact Telephone Number - Number of person identified in data line <030>	9895875008
<039>	Contact Email Address - Email Address of person identified in data line <030>	tina.wieber@wb1.net

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

Progress Report on 5 Year Plan

(3010)	Milestone Certification (47 CFR § 54.313(f)(1)(i)) Please check this box to confirm that the attached PDF, on line 3012, contains the required information pursuant to § 54.313(f)(1)(i), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.	Name of Attached Document Listing Required Information	<input type="checkbox"/>
(3011)	Community Anchor Institutions (47 CFR § 54.313(f)(1)(iii)) Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2))?	Name of Attached Document Listing Required Information	<input checked="" type="checkbox"/> (Yes/No)
(3014)	If yes, does your company file the RUS annual report Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:		<input type="checkbox"/> (Yes/No)
(3015)	Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)		<input type="checkbox"/>
(3016)	PDF of Balance Sheet, Income Statement and Statement of Cash Flows		<input type="checkbox"/>
(3017)	If the response is yes on line 3014, attach your company's RUS annual report and all required documentation	Name of Attached Document Listing Required Information	<input checked="" type="checkbox"/> (Yes/No)
(3018)	If the response is no on line 3014, is your company audited? If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:		<input checked="" type="checkbox"/>
(3019)	Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications		<input checked="" type="checkbox"/>
(3020)	PDF of Balance Sheet, Income Statement and Statement of Cash Flows		<input checked="" type="checkbox"/>
(3021)	Management letter issued by the independent certified public accountant that performed the company's financial audit. If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains: Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers,		<input checked="" type="checkbox"/>
(3022)	Underlying information subjected to a review by an independent certified public accountant		<input type="checkbox"/>
(3023)	Underlying information subjected to an officer certification.		<input type="checkbox"/>
(3025)	PDF of Balance Sheet, Income Statement and Statement of Cash Flows		<input type="checkbox"/>
(3026)	Attach the worksheet listing required information	Name of Attached Document Listing Required Information	310735mi3026

Certification - Reporting Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
---	--

<010> Study Area Code	310735
<015> Study Area Name	WESTPHALIA TEL CO
<020> Program Year	2014
<030> Contact Name - Person USAC should contact regarding this data	Tina Wieber
<035> Contact Telephone Number - Number of person identified in data line <030>	9895875008
<039> Contact Email Address - Email Address of person identified in data line <030>	tina.wieber@4wbi.net

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier:	WESTPHALIA TEL CO
Signature of Authorized Officer:	CERTIFIED ONLINE
Printed name of Authorized Officer:	David Fox
Title or position of Authorized Officer:	President
Telephone number of Authorized Officer:	9895875008
Study Area Code of Reporting Carrier:	310735
Filing Due Date for this form:	10/15/2013
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Certification - Agent / Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0815 July 2013
---	--

<010> Study Area Code	310735
<015> Study Area Name	WESTPHALIA TEL CO
<020> Program Year	2014
<030> Contact Name - Person USAC should contact regarding this data	Tina Wieber
<035> Contact Telephone Number - Number of person identified in data line <030>	9895875008
<039> Contact Email Address - Email Address of person identified in data line <030>	tina.wieber@4wbi.net

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent: _____	
Name of Reporting Carrier: _____	
Signature of Authorized Officer: _____	Date: _____
Printed name of Authorized Officer: _____	
Title or position of Authorized Officer: _____	
Telephone number of Authorized Officer: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier: _____	
Name of Authorized Agent or Employee of Agent: _____	
Signature of Authorized Agent or Employee of Agent: _____	Date: _____
Printed name of Authorized Agent or Employee of Agent: _____	
Title or position of Authorized Agent or Employee of Agent: _____	
Telephone number of Authorized Agent or Employee of Agent: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Attachments

(800) Operating Companies
Data Collection Form

QMB Control No. 3060-0986/QMB Control No. 3060-0819

July 2012

<810>	Reporting Carrier	Westphalia Telephone Co
<811>	Holding Company	Clinton County Telephone Co
<812>	Operating Company	N/A

[illegible]

**Westphalia Telephone Company is a subsidiary
of Great Lakes Comnet, Inc. and as such is
covered by the CPNI Manual and the Red Flag
Manual of Great Lakes Comnet, Inc.**

Customer Proprietary Network Information

Compliance Manual and Operating Procedures

for

**Great Lakes Comnet, Inc.
And it's wholly owned Subsidiary
Comlink LLC**

TABLE OF CONTENTS

I. DEFINITIONS	3
II. STATEMENT OF CORPORATE POLICY	5
III. USE OF CPNI IN GENERAL.....	6
IV. GUIDELINES FOR USE OF CPNI	7
V. OBTAINING CUSTOMER APPROVAL FOR USE OF CPNI.....	9
VI. NOTICES REQUIRED FOR USE OF CPNI	11
VII. COMPANY SAFEGUARDS AND RECORDKEEPING REQUIREMENTS.....	15
 APPENDIX 1 — Annual Corporate Officer Certification Form	
APPENDIX 2 — Employee Verification of Review of Manual	
APPENDIX 3 — Sample Opt-Out Notice	

I. DEFINITIONS

Affiliate: A person that (directly or indirectly) owns or controls, is owned or controlled by, or is under common ownership or control with, another person. The term "own" means to own an equity interest (or the equivalent thereof) of more than 10 percent.

Carrier: See Telecommunications Carrier.

CMRS: Commercial Mobile Radio Service.

Communications-Related Services: Telecommunications services, information services typically provided by telecommunications carriers, and services related to the provision or maintenance of customer premises equipment.

Company: Great Lakes Comnet, Inc. or Comlink LLC

Customer: A person or entity to which a telecommunications carrier is currently providing service.

Customer Proprietary Network Information (CPNI): Information that relates to the quantity, technical configuration, type, destination, location, and amount of use of a telecommunications service subscribed to by any customer of a telecommunications carrier, and that is made available to the carrier by the customer solely by virtue of the carrier-customer relationship; and Information contained in the bills pertaining to telephone exchange service or telephone toll service received by a customer of a carrier. CPNI does not include subscriber list information.

Customer Premises Equipment: Equipment employed on the premises of a person (other than a carrier) to originate, route, or terminate telecommunications.

FCC: Federal Communications Commission.

Information Service: The offering of a capability for generating, acquiring, storing, transforming, processing, retrieving, utilizing, or making available information via telecommunications, and includes electronic publishing, but does not include any use of any such capability for the management, control, or operation of a telecommunications system or the management of a telecommunications service.

Information Services Typically Provided by Telecommunications

Carriers: Information services that telecommunications carriers typically provide, such as Internet access or voice mail services. The term does not include retail consumer services provided using Internet websites (such as travel reservation services or mortgage lending services), whether or not such services might otherwise be considered to be information services.

Local Exchange Carrier: Any person engaged in the provision of telephone exchange service or exchange access. Such term does not include a person insofar as such person is engaged in the provision of a commercial mobile service (except to the extent that the FCC determines that such service should be included in the definition of the term).

Opt-In Approval: A method for obtaining customer consent to use, disclose, or permit access to the customer's CPNI. This approval method requires that the carrier obtain the customer's affirmative, express consent allowing the requested CPNI usage, disclosure, or access after the customer is provided appropriate notification of the carrier's request.

Opt-Out Approval: A method for obtaining customer consent to use, disclose, or permit access to the customer's CPNI. Under this approval method, a customer is deemed to have consented to the use, disclosure, or access to the customer's CPNI if the customer has failed to object thereto within the prescribed waiting period, after the customer is provided appropriate notification of the carrier's request for consent.

Subscriber List Information: Any information (1) identifying the listed names of a carrier's subscribers and the subscribers' telephone numbers, addresses, or primary advertising classifications (as such classifications are assigned at the time of the establishment of such service), or any combination of such listed names, numbers, addresses, or classifications; and (2) that the carrier or an affiliate has published, caused to be published, or accepted for publication in any directory format.

Telecommunications Carrier: Any provider of telecommunications services, except that such term does not include aggregators of telecommunications services (as defined in 47 USC 226).

Telecommunications Service: The offering of telecommunications for a fee directly to the public, or to such classes of users as to be effectively available directly to the public, regardless of the facilities used.

II. STATEMENT OF CORPORATE POLICY

The policy of Great Lakes Comnet, Inc. and its wholly owned subsidiary company, Comlink LLC, is to comply with the letter and spirit of all laws of the United States, including those pertaining to CPNI contained in § 222 of the Telecommunications Act of 1996, as amended, 47 USC 222, and the FCC's regulations, 47 CFR 64.2001-.2009. The Company's policy is to rely on the involvement of high-level management to ensure that no use of CPNI is made until a full review of applicable law has occurred.

The FCC's regulations, 47 CFR 64.2009, require the Company to implement a system to clearly establish the status of a customer's CPNI approval prior to the use of CPNI, and to train its personnel as to when they are, and are not, authorized to use CPNI, and to have an express disciplinary process in place. This Manual constitutes the Company's policies and procedures related to CPNI.

All employees are required to follow the policies and procedures specified in this Manual.

- ◆ Any questions regarding compliance with applicable law and this Manual should be referred to your immediate supervisor.
- ◆ Any violation of, or departure from, the policies and procedures in this Manual shall be reported immediately to the CEO, COO, or the CFO.

III. USE OF CPNI IN GENERAL

Except as otherwise described in this Manual, when the Company receives or obtains CPNI by virtue of its provision of a telecommunications service, it can only use, disclose, or permit access to individually identifiable CPNI in its provision of:

1. The telecommunications service from which the information is derived; or
2. Services necessary to, or used in, the provision of the telecommunications service, including the publishing of directories.

IV. Guidelines for Use of CPNI

- A. The Company may not use, disclose, or permit access to CPNI to market service offerings to a customer that are within a category of service to which the customer does not already subscribe from the Company, unless the Company has customer approval to do so (except that no customer approval is necessary in the situations described in IV.D.).
- B. The Company cannot use, disclose or permit access to CPNI to identify or track customers that call competing service providers. Thus, the Company may not use local service CPNI to track all customers that call its local service competitors.
- C. The Company may use, disclose, or permit access to CPNI for the purpose of providing or marketing service offerings among the categories of service (i.e., local, interexchange, and CMRS) to which the customer already subscribes from the Company, without customer approval.
 - 1. If the Company provides different categories of service, and a customer subscribes to more than one category of service offered by the Company, the Company may share CPNI among its affiliated entities that provide a service offering to the customer, without customer approval.
 - 2. If the Company provides different categories of service, but a customer does not subscribe to more than one offering by the carrier, the carrier is not permitted to share CPNI with its affiliates, except with the customer's approval as discussed in V., below.
- D. The Company may use, disclose, or permit access to CPNI, without customer approval, as described below:
 - 1. To provide inside wiring installation, maintenance, and repair services.
 - 2. CMRS providers may use, disclose, or permit access to CPNI for the purpose of conducting research on the health effects of CMRS.

3. To market services formerly known as adjunct-to-basic services, such as, but not limited to, speed dialing, computer-provided directory assistance, call monitoring, call tracing, call blocking, call return, repeat dialing, call tracking, call waiting, caller I.D., call forwarding, and Centrex features.
4. For the provision of customer premises equipment and call answering, voice mail or messaging, voice storage and retrieval services, fax store and forward, and protocol conversion.
5. To protect the rights or property of the carrier, or to protect users of those services and other carriers from fraudulent, abusive, or unlawful use of, or subscription to, such services.
6. Initiate, render, bill and collect for telecommunications services;
7. Provide call location information concerning the user of a commercial mobile service in emergency situations; and